Targeted Technical Assistance to Build the Business Capacity of Aging and Disability Community-Based Organizations for Integrated Care Partnerships

Purpose

The purpose of this initiative is to develop a learning collaborative and provide targeted technical assistance to up to ten (10) coalitions or networks of community-based aging and disability organizations that seek to build their business capacity and align their service capabilities in order to contract with health care entities (e.g., accountable care organizations, managed/integrated care plans, hospitals, health systems) to provide community-based long-term services and supports.

Background

The Patient Protection and Affordable Care Act of 2010 (also known as the Affordable Care Act, or the ACA) offers numerous opportunities for states and for health care providers to integrate and coordinate health care and long-term services and supports in order to achieve better quality care and better population health while reducing costs.

- Section 2602 of the ACA established the Federal Coordinated Health Care Office for Duals within the Centers for Medicare & Medicaid Services (CMS), now known as the Medicare-Medicaid Coordination Office (MMCO), whose goals are to "make sure Medicare-Medicaid enrollees [also known as dual eligibles] have full access to seamless, high quality health care and to make the system as cost-effective as possible."[i] In 2011, MMCO released a letter to State Medicaid Directors which discussed opportunities for integrating care and aligning financing for Medicare and Medicaid through capitated and/or managed fee-for-service models, including community-based and institutional long-term services and supports. As of February 2013, 23 states have submitted financial alignment proposals to MMCO, with 4 states (Illinois, Massachusetts, Ohio, and Washington) approved thus far.

- Section 3022 of the ACA established the Medicare Shared Savings Program, a three-year program enabling providers of services and supplies for Medicare beneficiaries to work together in accountable care organizations (ACOs), which are "groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care to the Medicare patients they serve."[ii] As of February 2013, over 200 ACOs had been formed, serving as many as 4 million Medicare beneficiaries nationwide.[iii]

- As per Section 3026 of the ACA, the Community-based Care Transition Program (CCTP) provides funding to test models for improving care transitions for high risk Medicare beneficiaries and reducing preventable hospital readmissions. As of January 2013, 82 CCTP awards had been made to community-based organizations in partnership with one or more hospitals to test different care transition models to

manage beneficiaries' transitions, improve their quality of care, and reduce readmissions.[iv]

In addition, the past few years have also seen a rapid increase in the number of states interested in Medicaid managed long-term services and supports (MLTSS), driven both by rising Medicaid costs and a desire to improve care and services coordination and community alignment. In addition, a 2012 environmental scan on MLTSS undertaken by CMS and Truven Health Analytics showed more than half of states are either considering or operating Medicaid MLTSS in all or part of their state by 2014.[v] In addition to the duals' financial alignment initiative discussed above, states are also using other CMS authorities, such as Medicaid Section 1115 demonstrations, to implement and finance managed care arrangements for integration of their acute and long-term care systems.

Implications for Aging and Disability Organizations

The rapid movement toward integrated care and MLTSS has profound implications for community-based aging and disability organizations and the populations they serve. The goals under such integrated systems are to ensure that consumers and their families are aware of their service options, have access to needed services under a person-centered and self-directed plan, and utilize their resources wisely -- areas in which many aging and disability community-based organizations (CBOs) serving seniors and persons with disabilities have long been engaged. Such integrated care systems create an opportunity for CBOs to contract with these systems to provide services to members. Integrated systems offer aging and disability networks an important opportunity to better connect many of the services that they already provide, including options counseling, person-centered planning, care and transitions management, nursing facility transition and de-institutionalization, chronic disease self-management and other evidence-based programs, nutrition, transportation, benefits outreach and enrollment, and more, as service packages that integrated care plans and providers can purchase.

Responding to these delivery systems reforms may require organizational changes at many levels. In particular, partnership and network-building among CBOs providing long-term services and supports (LTSS) of all kinds will be critical as integrated care and service systems develop. While Area Agencies on Aging (AAAs), Aging and Disability Resource Centers (ADRCs), Centers for Independent Living (CILs), University Centers for Excellence in Developmental Disabilities (UCEDDs), and many other community-based aging and disability organizations have long histories in forging partnerships with aging and disability services providers in their areas, they may need to expand and formalize such partnerships as health plans and systems look to build their LTSS provider networks. In order to respond to these opportunities, CBOs may look to form their own community-based integrated care networks, similar to the independent practice associations (IPA) developed by physicians in private practice. Doctors in IPAs continue to own and operate their own practices yet the IPA serves as a contracting and management vehicle when it comes to working with health plans. Such associations/networks can provide a critical mass in terms of the types of services offered, expand the geographic reach of any single organization, and offer economies of scale for common core business functions. It is such networks that the Administration for Community Living (ACL) is targeting with this effort.

How ACL Can Help

As CBOs build networks and respond to these systems changes, ACL recognizes that additional technical assistance resources and learning opportunities related to business capacity may be necessary in order to promote successful partnerships with integrated care entities. ACL has a long history in convening and facilitating such learning collaboratives, including ones targeted toward building business capacity of aging and disability organizations. Examples of past and current efforts include:

- *U.S. Department of Health and Human Services Hispanic Elders Health Initiative:* Under this initiative, five federal agencies – ACL (then the Administration on Aging), the Agency for Healthcare Research and Quality (AHRQ), the Centers for Disease Control and Prevention (CDC), the Centers for Medicare & Medicaid Services (CMS), and the Health Resources and Services Administration (HRSA) collaborated to assist local communities by bringing together teams of local leaders to develop coordinated strategies for improving the health and well-being of elderly Hispanics.

- *Diabetes Self-Management Training (DSMT) Medicare Reimbursement Project:* Through one-on-one technical assistance, web materials and webinars, working with our contractor ACL has assisted over a dozen sites in various phases of DSMT reimbursement, including writing a business plan, estimating market share, scouting for and successfully negotiating with a Medicare partner, pricing services, negotiating a fair and profitable distribution of the reimbursements, marketing services and staffing. To date five sites have achieved accreditation, three of which are receiving Medicare reimbursements with others soon to follow.

- *Care Transitions:* In preparation for CCTP, ACL provided technical assistance to aging and disability organizations through a variety of means – 1) an ongoing working group composed of Aging and Disability Resource Centers (ADRCs) participating in the ADRC Evidence Based Care Transitions program[vi] and their partners, 2) a series of training webinars focused on evidence-base care transitions models and how they were being implemented in communities around the country, and 3) a toolkit for designed to prepare CBOs to implement care transitions programs. As of January 2013, of the 82 sites that have received awards, over 85 percent are led by or involve aging and/or disability CBOs.

- *The Enhanced ADRC Option Counseling Part A grants:* In fall 2012, ACL in collaboration with CMS and Veterans Health Administration (VHA), funded 8 states (CT, MA, MD, NH, OR, VT, WA, WI) to work together through a learning collaborative to develop an enhanced ADRC Options Counseling Program that serves all populations and all payers and functions as the state's "No Wrong Door" (NWD) system for Long-Term Services and Supports. These states will work together to build their business capacity and develop and operate financially sustainable NWD systems. These states will serve as models for replication across the country.

- *MLTSS Business Capacity:* In fall 2012, ACL funded cooperative agreements with 3 national organizations – the National Association of Area Agencies on Aging (n4a), the National Association of States United for Aging and Disability (NASUAD), and Boston University -- to increase the capacity of state and community-based aging and disability organizations to play leading roles in MLTSS design and delivery in their states. Through these cooperative agreements, the organizations funded will provide a variety of forms of technical assistance – broad-based (e.g., webinars, readiness tools), directories of business acumen consultants and one-on-one consultations – to build the business acumen of aging and disability networks. N4a and Boston University will target community-based aging and disability organizations, including tribal organizations, in their work, while NASUAD will focus on state aging and disability agencies.

Technical Assistance Available

Estimated Number of Networks to be Selected: Up to ten (10)
Projected Start Date: May 1, 2013
Estimated Project Length: Up to 5 months

Through this technical assistance effort, ACL and its partners will develop a learning collaborative of up to 10 community-based coalitions or networks of aging and disability organizations seeking to build their business capacity to contract with integrated care entities to provide community-based long-term services and supports. No direct funding will be provided through this initiative; rather, this collaborative will deliver targeted technical assistance through a variety of different means:

- Limited, in-person, onsite consultations with contracted experts,
- Peer-to-peer through regular calls, email, and online forums, and
- Broad-based through webinars and written materials.

The types of technical assistance delivered will vary depending on the needs and plans of the coalitions/networks we select to be part of this initiative.

Topics that can be addressed by the learning collaborative include (but are not limited to):

- Strategic business planning
- Organizational culture change (including staff qualifications, characteristics, inter-organizational operations)
- Building program and service delivery networks to contract with integrated care entities
- Pricing and packaging services
- Marketing and sales strategies to integrated care entities

- Communicating and negotiating with health care providers/plans
- Scaling up (e.g., workforce development, cash flow/capital)
- Quality – defining and measuring outcomes, monitoring, setting standards
- Accepting and managing risk
- Legal expertise on business structure and contracting
- Technology (e.g., electronic service records, telehealth)

We expect that the coalitions/networks we select for this learning collaborative will share their experiences, including lessons learned, innovative ideas and practices, and their progress toward achieving their goals, with other members of the collaborative during the course of the project and with the broader field after the project concludes.

Groups Eligible for Technical Assistance

Those eligible to request targeted technical assistance through this learning collaborative are ***coalitions/networks*** of domestic, public or private non-profit or government-based community-based organizations, including (but not limited to):

- Aging services providers
- Area Agencies on Aging
- Behavioral health organizations
- Centers for Independent Living
- Disability services providers
- Faith-based organizations
- Native American tribal organizations (American Indian/Alaskan Native/Native Hawaiian)
- Protection and Advocacy Agencies
- State-based associations of community-based organizations
- State Developmental Disabilities Councils
- University Centers for Excellence in Development Disabilities.

Preference will be given to networks that include Area Agencies on Aging and/or Centers for Independent Living. Coalitions/networks may vary in size depending on the needs of the communities being served. Applicants should think strategically about coalition/network development, including only those partners that will advance your network's goals and agenda.

Minimum Criteria for Coalitions/Networks Requesting Technical Assistance

Due to the limited resources, requests for technical assistance will only be accepted from coalitions/networks that meet the criteria listed below. Those that do not meet the responsiveness criteria outlined below will not be considered.

Coalitions/networks must:

- have a designated organization that will serve as a liaison between the coalition/network and ACL;

- target a significant geographic area or population base (of older adults and/or persons with disabilities); and
- have demonstrated commitment from all partners (including their boards) to participate in this initiative.

Screening Criteria
We will screen all requests to assure a level playing field. Applications that fail to meet the three screening criteria described below will **not** be reviewed and will receive **no** further consideration.

1. Applications must be submitted electronically via email to Lauren.Solkowski@acl.hhs.gov by 11:59 p.m., Eastern Time, **on Friday, March 29, 2013**.
2. The Project Narrative section of the Application must be **double-spaced**, formatted for 8 ½" x 11" plain white paper with **1" margins** on both sides, and a **font size of not less than 11**.
3. **The Project Narrative must not exceed 10 pages**. NOTE: Letters of Commitment, Vitae of Key Personnel, and Organizational Charts (if applicable) **are not counted** as part of the Project Narrative for purposes of the 10-page limit.

Contact person regarding this Announcement:

U.S. Department of Health and Human Services
Administration for Community Living
Lauren Solkowski
Center for Disability and Aging Policy
Washington, D.C. 20201

Phone Number: 202-357-3494
E-mail: Lauren.Solkowski@acl.hhs.gov

Content and Form of Request for Technical Assistance

The Project Narrative is the most important part of the application, since we will use it as the primary basis to determine whether or not your project meets the minimum requirements for this initiative. The Project Narrative should provide a clear and concise description of your project and should include the following components:

Summary/Abstract: This section should include a brief - no more than 265 words maximum - description of the proposed project you will work on in the learning collaborative, including: goal(s) and outcomes.

Problem Statement/Need/Target Population(s): This section should describe, in both quantitative and qualitative terms, the nature and scope of the issues your organization(s)

and the clients you serve face when it comes to integrated care. Why did your coalition/network come together? Why do you need the technical assistance that this learning collaborative will provide? Please also use this section to discuss the target population(s) that your coalition/network will serve.

Goal(s)/Outcomes Anticipated: This section should describe your network's long-term vision, and short-term goal(s) and anticipated measureable outcomes of your participation in this learning collaborative. Goals and outcomes should be concrete, realistic and specific, recognizing the time-limited nature of this technical assistance.

Proposed Intervention: This section should provide a clear and concise description of how your network's participation in the learning collaborative will address the problem described in your "Problem Statement". Specifically, your narrative in this section should answer the following questions:

- What specific challenge or area related to business capacity would your coalition/network like to work on during this initiative?
- What types of home and community-based services would your coalition/network like to contract for integrated health entities? (e.g., options counseling, person-centered planning, care and transitions management, chronic disease self-management and other evidence-based programs, nutrition, transportation, benefits outreach and enrollment, etc.)
- What types of integrated care entities will your coalition/network target?
- How will your coalition/network assess its progress?
- How will your coalition/network benefit from participating in this learning network?

You should also note any major barriers you anticipate encountering, and how you might seek to overcome those barriers.

Project Management/Organizational Capability/Network Composition: This section should include a clear delineation of the roles and responsibilities of project staff and partner organizations within your coalition/network, and how they will contribute to achieving your goals and outcomes. Specifically, please be sure you answer the following questions:

- Who will be in your coalition/network and why, and what role will each organization play?
- Have you and your partners worked together in the past? In what capacity?
- Who will manage this effort, and interface with ACL and consultants?

If appropriate, include an organizational chart showing the relationship of the organizations within the coalition/network to the lead organization. Please also attach short vitae for the project director only. (Note: Vitae and organizational charts [if applicable] will NOT count towards the 10-page narrative page limit.)

Letters of Commitment from Key Participating Organizations and Agencies. Include letters confirming the commitments the key collaborating organizations and agencies (and their boards) in your coalition/network have made to this effort. Letters should be specific, and indicate the role of the organization in the community-based network. Signed letters of commitment should be scanned and included as attachments in your email submission of your application. (Note: Letters of commitment will NOT count toward the 10-page limit.)

Submission Dates and Times

The deadline for the submission of technical assistance requests is **Friday, March 29, 2013**. Applications must be submitted by email by 11:59 p.m. Eastern Time, March 29, 2013. However, we strongly encourage you to submit your application a minimum of 2-3 days prior to the closing date.

Review and Selection Process

A panel of ACL staff and outside experts will evaluate applications that pass the screening and meet the responsiveness criteria. The Administrator for the Administration for Community Living will make the final decisions as to which coalitions/networks will be selected for inclusion in the learning collaborative. In making these decisions, the Administrator will take into consideration: recommendations of the review panel; anticipated results; and the likelihood that the proposed project will result in the benefits expected.

Anticipated Announcement Date

We anticipate announcing which coalitions/networks have been accepted into the learning collaborative by April 30, 2013.

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[i] https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/index.html

[ii] http://innovation.cms.gov/initiatives/ACO/index.html

[iii] http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/News.html

[iv] http://innovation.cms.gov/initiatives/CCTP/

[v] Saucier, P., Kasten, J., Burwell, B., and Gold, L. (2012). *The Growth of Managed Long-Term Services and Supports (MLTSS) Program: A 2012 Update.* Washington, DC: Centers for Medicare & Medicaid Services.

[vi] http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/ADRC_CareTransitions/index.aspx